



Notice and Authorization for Insurance Billing

I, _____ (*print name*), do hereby give full permission and authorize Jessica Campbell, LAc, to bill my insurance for services rendered by Jessica Campbell, LAc. I also agree to have any checks or payment made by said insurance company to be payable and deliverable to:

Jessica Campbell, LAc
3703 SE 66th Ave
Portland, OR 97206

As a courtesy, my insurance will be billed directly by Jessica Campbell, LAc. When possible, Jessica Campbell, LAc will call my insurance to verify my benefits, although benefits quoted by my insurance company are not a guarantee of payment. I am responsible for knowing the benefits my insurance policy covers. Payments will be due at the time of service for any non-covered services, deductibles or co-pays.

I understand if I do not have insurance coverage, I will receive a cash discount. If I do have insurance that covers acupuncture treatment or other modalities, Jessica Campbell, LAc will bill my insurance for me at the full insurance fee rate. **I understand a full fee rate for services rendered is available upon request. I will be required to pay my insurance policies stated copay or coinsurance fee if required by my insurance, and/or the difference of the full insurance reimbursement and cash based fees.**

I understand the aforementioned office fees, insurance and billing policy. If my insurance is billed by this office, my billing statement will show "signature on file."

Please check one of the following:

I authorize Jessica Campbell, LAc to bill my insurance.

I choose not to have my insurance billed for me and will pay cash or credit card for my treatments at the time of service.

Signature

Date